

## Application for the Utah State Office of Education Health Education Endorsement

### Applicant Information

Name \_\_\_\_\_ Date Application Submitted \_\_\_\_\_

Cactus ID (preferred) \_\_\_\_\_ or SS \_\_\_\_\_

District \_\_\_\_\_ School \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

### MARK APPLICABLE BOX (ES):

Endorsement only

State Approved Endorsement Plan (3 year)

\*Applicant must have a current license, be currently teaching in the endorsement area and have 9 semester hours toward endorsement.

Current educator license:                      Yes                      No

Pending license:                                  Yes                      No

### Endorsement submitted by individual

\$40.00

Send to:

Utah State Office of Education  
Attn: Janet Strong  
Educator Licensing  
250 East 500 South  
P.O. Box 144200  
Salt Lake City, UT 84114-4200

### State Approved Endorsement Program (SAEP)

\$30.00

Send to:

Utah State Office of Education  
Attn: Stephanie Ferris  
Educator Licensing  
250 East 500 South  
P.O. Box 144200  
Salt Lake City, UT 84114-4200

\*Paid by LEA or charter school

## **HEALTH EDUCATION ENDORSEMENT**

### **Checklist of Minimum Requirements**

**\*College Course Work, Approved Professional Development, and Clearly Demonstrated Competency can be used as qualifying factors.**

Name: \_\_\_\_\_ School/District: \_\_\_\_\_

Major/Minor \_\_\_\_\_ Social Security or CACTUS #: \_\_\_\_\_

Phone(s): Work \_\_\_\_\_ Home \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

**Applicant must have a current Educator License with an Elementary or Secondary area of concentration.**

**MARK APPLICABLE BOX(ES):**

☐ **FOR ENDORSEMENT** (Must Have All Requirements Completed)

☐ **FOR STATE APPROVED ENDORSEMENT PLAN** (Must have a current license, be currently teaching in the endorsement area and have at least 9 semester hours in health to be eligible).

Current Educator License:      Yes ☐      No ☐      Have Applied, Is Pending ☐

The **minimum requirement** for the endorsement is sixteen (16) semester hours or twenty-four (24) quarter hours. To convert quarter hours to semester hours multiply the number of quarter hours by .666.

**Complete Appropriate Section(s)**

- Please place the course number in the box to indicate that the minimum requirement in each area has been met. Where there is more than one box, there are additional courses required.
- Acceptable lines of evidence include:
  - Approved Professional Development
  - University or College Course Work
  - Clearly Demonstrated Competency
- Attach a copy of your transcripts and highlight corresponding classes.
- Processing fees:

Endorsement submitted by individual—  
\$40. Send to:

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Salt Lake City, UT 84114-4200

State Approved Endorsement Program  
(SAEP) (paid by district or charter school)—  
\$40. Send to:

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Attn: Stephanie Ferris  
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Salt Lake City, UT 84114-4200

**For more information contact: Frank Wojtech, Health Education Specialist, at**  
**frank.wojtech@schools.utah.gov**

**10/13/08**

**Name** \_\_\_\_\_

### **MINIMUM REQUIREMENTS**

<input type="checkbox"/>	Personal Health/Wellness
<input type="checkbox"/>	Methods of Teaching Health Education
<input type="checkbox"/>	Human Sexuality/Sex Education
<input type="checkbox"/>	Nutrition
<input type="checkbox"/>	Comprehensive School Health/School Health Program
<input type="checkbox"/>	Substance Abuse Prevention
<input type="checkbox"/>	Mental Health, Stress Management, and/or Coping Skills
<input type="checkbox"/>	HIV Prevention/AIDS Education (Required)
<input type="checkbox"/>	

Health Education Endorsement

First Aid (Contact local Red Cross for basic training  
and CPR)

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Results of Endorsement Evaluation:

- ☐ Does not meet requirements for endorsement or endorsement plan
- ☐ Approved Endorsement
- ☐ Meets requirements for State Approved Endorsement Plan. Must take  
classes listed below and demonstrate annual progress toward the  
completion of endorsement.

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Health Education Specialist

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Date